

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040439

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 147

STATE FILE NUMBER

FILED OCT 21 1963

## 1. PLACE OF DEATH

a. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Rock Township

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION Highway 61-67

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Louis

c. CITY

OR  
TOWN

Kirkwood

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

819 Culloden

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First Middle Last  
~~Maureen~~ Mae Szuch

## 4. DATE OF DEATH

Month Day Year

10-15-63

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/29/22

## 9. AGE (last birthday)

40

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

## 10b. KIND OF BUSINESS OR INDUSTRY

St. Joseph Hosp. Kennett, Missouri

## 11. BIRTHPLACE (City and state or country)

U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Moore

## 13b. MOTHER'S MAIDEN NAME

Genevieve White

## 14. NAME OF HUSBAND OR WIFE

Joseph Szuch

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

[redacted]

## 17. INFORMANT

Joseph Szuch - 819 Culloden

## Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Multiple fractures &amp; internal injuries

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Two car head-on

## 20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m.

Accident.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

## 20f. CITY, TOWN, OR LOCATION

Rock Twp. Jeff. Mo.

## COUNTY

## STATE

## 21. I attended the deceased from

Coroner's View -

and last saw her alive on

Death occurred at

4:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

James C. Johnson

(Degree or title)

## 22b. ADDRESS

Festus, Mo.

## 22c. DATE SIGNED

10-15-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Oct. 18, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## (State)

## 24. FUNERAL DIRECTOR

WACKER-HELDERLE-3634

## ADDRESS

Gravois Ave.

## 25. DATE RECD. BY LOCAL REG.

10/17/63

## 26. REGISTRAR'S SIGNATURE

Mrs. Juanita Schmitt

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

OCT 25 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Delit J. Krispin*

Licensed Embalmer No.

*3497*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.